

50TH ANNUAL SESSION VIRTUAL, NOVEMBER 1-7 REGISTRATION FORM

PART 1 REGISTRANT INFORMATION

PLEASE TYPE OR PRINT CLEARLY

First Name	Middle Initial	Last Name	
Company Name			
Address Line 1			
Address Line 2			
Address Line 3			
City	State/Province	ZIP/Postal Code	Country
Business Phone	Cell Phone		
Email (Required - Confirmations will be sent via email)			
Emergency Contact	Daytime Phone	Evening Phone	

☐ Special Needs - If you have a disability as defined by the American Disabilities Act that requires special needs, accommodations, or requirements, please check this box and you will be contacted by a staff person.

PART 2 REGISTRATION FEES

- Includes International, Active Life, Retired Life, and Honorary Members.
- ** Resident members currently enrolled in a CODA accredited prosthodontic or maxillofacial program (or have completed one within the past six month)
- *** Members of the following Prosthodontic Forum Organizations: AACD, AAED, AAFP, AAID, AAMP, AO, AP, AES, GNYAP, ITI, NGS, PCSP, SCAD, and SEAP.

☐ Member/Fellow*	\$199
□ Non-Member Dentist	\$399
□ Resident Member**	\$100 Supported by a grant from the ACPEF
□ Resident Member (in Fellowship)	\$100
□ Predoctoral Student Alliance Affilia	ite \$99
□ Academic Alliance Affiliate	\$199
□ Global Alliance Affiliate	\$199
☐ Forum Organization Member***	\$299
□ Dental Technician Alliance Affiliate	\$99
□ Non-Affiliate Dental Technician	\$299
□ Advanced Program & Graduate Student Alliance Affiliate	\$99
□ Dental Assistants, Hygienists, Office Staff	\$99

TOTAL GENERAL REGISTRATION FEES: \$

We	dnesday, Nov. 4		FEE	
	9:00 A.M 3:00 P.M.	Predoctoral Educators Conference	No Fee	
	9:00 A.M 3:00 P.M.	Postdoctoral Educators Conference	No Fee	
Thursday, Nov. 5				
	10:00 A.M 12:00 P.M.	Digital Users Group Meeting	No Fee	
Friday, Nov. 6				
	12:00 - 2:00 P.M.	Journal of Prosthodontics Workshop	No Fee	

NOTE: All times are displayed as Central Standard Time (CST)

PART 4 VOLUNTARY ANNUAL APPEAL DONATION

Donations to the Annual Appeal provide support for programs of the ACP Education Foundation that seek to improve patient outcomes, advance the specialty, and better serve ACP members.

- ☐ Annual Appeal Donation \$50 --- \$50 for the 50th Anniversary of the ACP
- ☐ Annual Appeal Donation \$100 --- \$50 for the last 50 years and \$50 for the next 50 years
- ☐ Annual Appeal Donation \$250 --- \$50 for each decade of the ACP
- ☐ Annual Appeal Donation \$500 --- \$50 for the past 5 decades and the next 5 decades of the ACP
- ☐ Annual Appeal Donation \$1,000 --- A double celebration of the past and future of the ACP
- ☐ Annual Appeal Donation \$2,500 --- \$50 for each of the last 50 years

PART 5 PAYMENT

PAYMENT MUST ACCOMPANY THIS FORM OR YOUR REGISTRATION WILL NOT BE PROCESSED.

If paying by mail, send payment and completed form to:

American College of Prosthodontists 5198 Eagle Way, Chicago, IL 60678-5198

GRAND TOTAL FROM PARTS 2, 3 & 4: \$

□ Check

Checks must be made payable to the American College of Prosthodontists and issued in U.S. funds, or registrations will not be processed. Checks returned for insufficient funds will result in a \$20 fee.

☐ Credit Card: ☐ American Express ☐ MasterCard ☐ VISA

Card Number Expiration Date

Signature

Print Name

3 Ways to Register

Web ACP50.com

Mail American College of Prosthodontists

5198 Eagle Way, Chicago, IL 60678-5198

Fax 312-573-1257

By registering for this event, you grant ACP permission to distribute your name and address to all 2020 Annual Session exhibitors for promotional purposes. By registering for this event, you also grant permission to have photographs taken during the event that may be used for future promotional purposes.

Please retain a copy of both pages of your registration form for your records.